



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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March 14, 2005

JOHN ELIAS BALDACCI
GOVERNOR

JOHN R. NICHOLAS
COMMISSIONER

To: MaineCare Physicians, Physical Therapists, Occupational Therapists, RHCs and FQHCs
From: Marianne Ringel, Director, Division of Policy and Provider Services, Bureau of Medical Services
Subject: Clarification of recent rule changes to adult MaineCare physical and occupational therapy services.

Effective February 1, 2005 final MaineCare rules implemented a legislatively mandated reduction for MaineCare **occupational** and **physical therapy services** for adults, that establish new specific eligibility criteria for adults and set limitations on the services adults may receive.

- Eligibility for adults is limited to those with rehabilitation potential documented by a physician and to treatment following certain hospital stays, after certain surgical procedures or in cases of required extensive assistance in activities of daily living.
- For members with rehabilitation potential, physicians are required to determine rehabilitation potential including documentation to support that determination. Documentation should include diagnosis or complaint, how it was assessed (e.g. by phone, exam, therapist evaluation) and why rehabilitation potential is expected (e.g. acute condition, acute exacerbation of chronic condition, past response to therapy, etc.)
- For those members with rehabilitation potential, the therapist may, if requested by the physician, use the evaluation to assist the physician in determining the member's rehabilitation potential.
- The therapist must maintain a copy of the documentation of rehabilitation potential by the physician in his or her files.
- For those adults who do not have documented rehabilitation potential and do not meet the requirements above, but require medically necessary physical or occupational therapy, including maintenance and palliative care; these member services are limited to one therapist evaluation or reevaluation, if necessary, per condition and one therapy visit per calendar year. The evaluation is to establish a plan of home care and the one therapy visit per calendar year to reassess and modify the plan of care.

Adult members with mental retardation or autism who do not meet the new rehabilitation potential criteria under these rules may be eligible for occupational or physical therapy services through planned amendments to Section 21, Home and Community Benefits for Members with Mental Retardation. Providers should contact their regional office of Adult Mental Retardation Services for further information on the availability of this service.

Therapists providing services in hospital settings that are billed to MaineCare with the MaineCare hospital provider number for which the hospital receives a prospective payment, not a fee for service reimbursement, are not currently affected by these rule changes, although rules will be proposed shortly to standardize criteria in all settings.

This requirement will not apply to members with Medicare coverage or other third party health insurance until the coverage for those therapy services by the other payor has been exhausted. For additional information, please contact your Provider Relations Specialist at (800) 321-5557, option 9 or (207) 321-5557.